



Physician & Hospital Information Validation

** The web-based directory is updated daily.*

**The printed directory is updated monthly.*

Primetime Health Plan receives information for the web-based provider directory from a variety of sources, including the network provider. We confirm the accuracy of this information during the initial credentialing and again, at a minimum, every **three** years thereafter during recredentialing. It is possible that some of this information may change in between that period, and Primetime Health Plan may not receive notice of the change. Therefore, we encourage you to confirm information directly with the provider’s office, or by calling Customer Service at the number on your ID card.

Below we explain each field in the web-based provider directory:

Provider Search Results	Explanation of Item	How Information is Collected and Validated
Provider Name/ Hospital Name	The name of the physician, practitioner or facility	Self-reported by the provider/hospital. Verified through the medical licensing website at the time of initial application and, at a minimum, every three years thereafter.
Medical Group Affiliation	The name of the medical practice(s) or medical group(s) that the provider is affiliated (officially attached or connected) with.	Self-reported by the provider. Verified at the time of initial application and, at a minimum, every three years thereafter or upon notification from practitioner when adding or changing an affiliation.
Office Location / Hospital Location	The street address of the practitioner’s office or facility/hospital	Self-reported by the provider/hospital. Verified at the time of initial application and, at a minimum, every three years thereafter or upon notification from practitioner when adding or changing a location.

Revised: 6/15, 3/16, 4/16

Reviewed: 1/10, 1/11, 8/11, 12/14, 12/15

Provider Search Results	Explanation of Item	How Information is Collected and Validated
Gender	The gender of the physician	Self-reported by the provider. Verified at the time of initial application and, at a minimum, every three years thereafter.
Hospital Affiliation	List of network hospitals where the physician is allowed to admit (send) and take care of patients (“has privileges”).	Self-reported by the provider. Verified through those facilities medical staff offices at the time of initial application and, at a minimum, every three years thereafter.
Specialty	Field of medicine or area of expertise of the provider	Self-reported by the provider. Verified through factors which include, board certification, graduation from an accredited professional school; advanced professional training post-licensure (ie. Residency, fellowship); and professional experience. Verified at the time of initial application and, at a minimum, every three years thereafter.
Languages Spoken by the Provider	Identifies the languages (other than English) the provider has the capability of communicating in when caring for patients.	Self-reported by the provider. Verified at the time of initial application and, at a minimum, every three years thereafter.

Revised: 6/15, 3/16, 4/16

Reviewed: 1/10, 1/11, 8/11, 12/14, 12/15

Provider Search Results	Explanation of Item	How Information is Collected and Validated
Board Certification	<p>The physician has applied for and been awarded certification from the American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), or other recognized boards. To become board certified, a physician must:</p> <ul style="list-style-type: none"> • Graduate from an accredited professional school • Complete a specific type and length of training in a specialty • Practice for a specified amount of time in that specialty • Pass an examination given by the professional specialty board <p>Board certification is a voluntary process. Most certifying boards now require physicians to be recertified at specified intervals. If you would like more information about your physician’s board certification, you may visit the ABMS website at www.abms.org.</p>	Self-reported by the provider. Verified directly with the appropriate board prior to inclusion of the data in this directory. Verified at the time of initial application and, at a minimum, every year thereafter.
Accepting New Patients	“Yes” means the doctor is making appointments with patients that he or she has not seen before. “No” means the doctor limits his or her practice to existing patients only.	Self-reported by the provider and updated upon notification.
Networks	The products the provider participates in. If you are not sure of the type of product you have, contact Customer Service for help.	This is based on the contracts held with the products.
Hospital Accreditation	A voluntary review of the hospital’s systems and processes for delivering safe and effective quality health care services. Primitime Health Plan requires all of its network hospitals to obtain accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), American Osteopathic Association (AOA) or Det Norske Veritas Healthcare, Inc. (DNV).	Self-reported by the provider. Verified directly with the appropriate Accreditation prior to inclusion of the data in this directory. Verified at the time of initial application and, at a minimum, every three years thereafter.

Revised: 6/15, 3/16, 4/16

Reviewed: 1/10, 1/11, 8/11, 12/14, 12/15